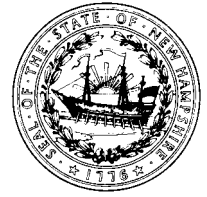




State of New Hampshire  
DEPARTMENT OF ENVIRONMENTAL SERVICES

Subsurface Systems Bureau  
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095  
603-271-3501 FAX 603-271-6683



**Repair/Replacement Questionnaire**  
Env-Ws 1003.10(see revised rules dated August 1999)

1. System Location:

City/Town \_\_\_\_\_ Street \_\_\_\_\_ Owner \_\_\_\_\_

2. Water Supply: (Check One)

Individual ( )

Community ( )

Municipal ( )

3. Number of Occupants: (Check One)

1    2    3    4    5    6    7    8    9    10

4. Number of Bedrooms: (Check One)

1    2    3    4    5    6

5. Household items:

Garbage Grinder ( )

Washing Machine ( )

Dishwasher ( )

Jacuzzi ( )

Chlorinator ( )

Water Softener ( )

6. Sewage Disposal System:

State Approved System                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Construction Approval Number \_\_\_\_\_ Date of Operational Approval \_\_\_\_\_

Age of System \_\_\_\_\_ years

Type of system: Inground ( )                      Raised ( )

Kind of System

Leachfield ( )

Drywell ( )

Pressure Distribution ( )

Chambers ( )

Trenches ( )

Other ( ) \_\_\_\_\_

Specify Manufacturer

Average time between pumping of Septic Tank:

\_\_\_\_\_ YEARS

\_\_\_\_\_ NEVER

REMARKS: \_\_\_\_\_

\_\_\_\_\_

Installer's Name \_\_\_\_\_ Permit Number \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** Attach copy test pit results to questionnaire.

(OVER)

REV 8/99

SKETCH (NOT TO SCALE)